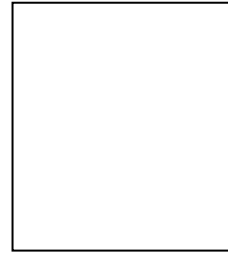


To  
President (SKSS),  
450/17 West ram nagar  
Ved Vatika  
Sonipat-131001

## SAMAJ KALYAN SHIKSHA SAMITI

Email- [indiaskss1083@gmail.com](mailto:indiaskss1083@gmail.com)  
Website- [www.skssoldagehomes.in](http://www.skssoldagehomes.in)



Sub:- **BODY/ORGAN DONATION**

Dear Sir/Madam,

1. I wish to donate, after death my organs for transplantation / my whole in the cause of Humanity.  
The following are the necessary particulars:-

Name : \_\_\_\_\_  
Date of Birth : \_\_\_\_\_ Sex \_\_\_\_\_ Blood Group \_\_\_\_\_  
Father's/Husband's Name : \_\_\_\_\_  
Mother's Name : \_\_\_\_\_  
Address : \_\_\_\_\_  
\_\_\_\_\_ Pin \_\_\_\_\_  
Occupation : \_\_\_\_\_  
Cell \_\_\_\_\_ Ph. No.(Residence) \_\_\_\_\_ (Office) \_\_\_\_\_  
Email : \_\_\_\_\_  
Other Relevant Information (Viz. Education, Office, Field of Special interest \_\_\_\_\_  
\_\_\_\_\_

2. Do you wish to donate your whole body for therapeutic, educational and scientific purpose.

Yes  No

3. I wish to donate the following organs for transplantation. (Please tick against the appropriate entries):  
(Body-donors are not required to answer this column)

a) Eyes	<input type="checkbox"/>	e) Heart Valve	<input type="checkbox"/>
b) Ear Drums & Ear Bones	<input type="checkbox"/>	f) Skin	<input type="checkbox"/>
c) Bones	<input type="checkbox"/>	g) Lungs	<input type="checkbox"/>
d) Kidneys	<input type="checkbox"/>	h) Liver	<input type="checkbox"/>

4. You need to have two witnesses of the will. One of the witnesses should be a near relative namely from amongst (i) Parents, (ii) Spouse, (iii) Children, (iv) Brother & (v) Sister. Name the witnesses in the following columns:

(i) (a) Name : \_\_\_\_\_  
(b) Full address : \_\_\_\_\_  
\_\_\_\_\_ Pin \_\_\_\_\_  
(c) Relationship : \_\_\_\_\_ Signature \_\_\_\_\_

(ii) (a) Name : \_\_\_\_\_  
(b) Full address : \_\_\_\_\_  
\_\_\_\_\_ Pin \_\_\_\_\_  
(c) Relationship : \_\_\_\_\_ Signature \_\_\_\_\_

5. You have to depute one person to give affect to your will after death. This person is called executor. He can be a near relative also. Please name the Executor in the following column :-

Name : \_\_\_\_\_

Full Address : \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Ph. \_\_\_\_\_ Pin \_\_\_\_\_

6. Please also supply three stamp size photos which are required for I card and other purpose, please write your name and address at the back of each photograph.
7. We shall also appreciate your donating sum of Rs. 150/- (One hundred Fifty Only) or more to cover expenses and for the help of the Samiti. The money may be paid in cash or any cheque, bank draft etc.
8. The samiti shall inform you with the date and place of its next Utsav for the execution for you will and delivery of your certificate and identity card. We request you to please attend the Utsav with witnesses of your will. It is not mandatory for the executor to be present at the time of the execution of will.
9. In case of any quarries you can call us 24x7

1. Anand (9416315545)    2. Jagat (7015897262)    3. Sumit Boora (8816012014)  
 Office: 0130-2222225

**Declaration**

I, \_\_\_\_\_ do hereby declare that the above particulars are true to my knowledge. I request Samaj Kalyan Shiksha Samiti to draw my will for the donation after my death the organs of my body for transplantation / of my whole body.

Body should be given to the medical college which it needs

**Date :**

**Signature**

Motivator's Name and Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Pin \_\_\_\_\_

Phone: Res \_\_\_\_\_ Office \_\_\_\_\_

cell: \_\_\_\_\_

email: \_\_\_\_\_

*For office use only*

1. Date of receipt of this Form

\_\_\_\_\_

2. Receipt No. and particulars

\_\_\_\_\_

3. Donor no.

\_\_\_\_\_

4. Will delivered on

\_\_\_\_\_

5. I-card & Certificate delivered on

\_\_\_\_\_

SKSS

Signature